GLOBAL DATA TRANSFER FORM

Instructions for completing the GDTF form

Section 1 – Client Information

Name of the Corporation as it is registered with American Express

Global Data Transfer Form

Please complete the information below if you require American Express to send data or data files to client affiliates, client nominated consolidators or Program Administrators.

1. Client Information

Client Registered Name
(Registered address not required):

Master Control Account or Basic Control Account
or American Express Company Number
or Company ID:

If you are an existing American Express Client, please provide this information. If you are a new client, insert TBD.

Sixdigit Company ID or Master/ Basic Control account number issued to the company

Section 2 – Data Recipients (Client Affiliates)

2. Data Recipients

If you would like to provide additional information, please provide details on Company letter headed paper, dated and signed, and submit with this form. Please include your Client account number on the attached document.

Client Affiliates

Please provide details of the client affiliates that you wish American Express to send data or data files on your behalf. For definition of affiliate please see footnote at end of page 3*.

Client Affiliate Name:

Client Affiliate Address:

Postal Code / Zip Code: Country:

Client Affiliate Name:

Client Affiliate Address:

Postal Code / Zip Code: Country:
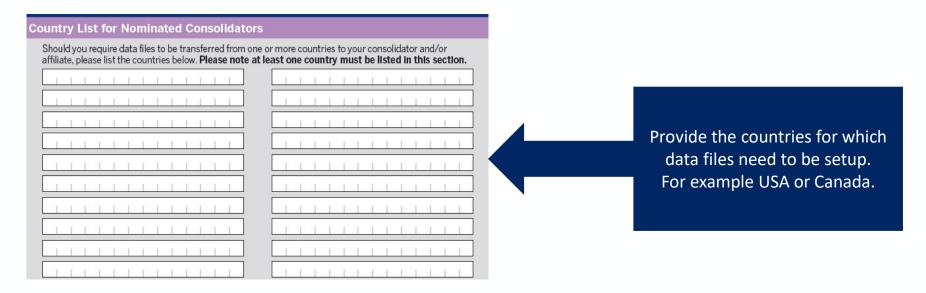
Client Affiliate Name:

Client Affiliate Address:

Postal Code / Zip Code: Country:

'Client Affiliates' field is Optional - Complete this section if data will be sent to a subsidiary or other legal entity.

Section 2 – Data Recipients (Nominated Consolidator)

Nominated Consolidator

Please tick the box to indicate the nominated consolidator(s) that you wish American Express to send data or data files on your behalf.

Consolidator:

☐ Concur Technologies, Inc
601 108th Ave NE, Suite 1000
Bellevue, WA 98004

☐ BCD Travel USA LLC
Six Concourse Pkwy N, Suite 2400
Atlanta, GA 30328-0000

☐ IBM Corporation
150 Kettletown Road,
Southbury, CT, 06488

If the consolidator(s) is/are not listed above please provide further details below.

Consolidator Name:

Consolidator Address:

Postal Code / Zip Code: Country:

Consolidator Name:

Consolidator Address:

Postal Code / Zip Code: Country:

'Nominated Consolidator' field is Optional. Select the 3rd Party Consolidator who will be receiving data from American Express on your behalf.

If the applicable 3rd Party Consolidator is not listed, provide the information for it in the free form section below.

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Section 2 – Data Recipients (Country List)

Country List for Nominated Consolidators

Should you require data files to be transferred from one or more countries to your consolidator and/or affiliate, please list the countries below. **Please note at least one country must be listed in this section.**

Provide the countries for which data files need to be setup. For example USA or Canada.

* Please note: If the list of counties is longer than the space allocated on the form, please attach a list of counties on your Company Letterhead and have it signed and dated by the authorized signatory and submitted with the form. It is ok to add all countries in which you may send data even if not setting all up on data file initially.

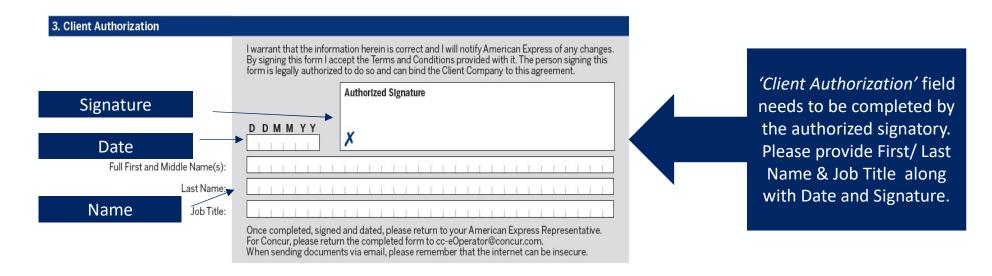# Section 2 – Data Recipients (European Clients only)

Programme Administrator

For European Clients only: Please note this section requires completion only where the Programme Administrator is employed by a client affiliate or Programme Administrator servicing center outside the European Economic Area (EEA) or whose correspondence address is outside the EEA.
Please provide details of the Programme Administrator's employer that you wish American Express to send data or data files on your behalf.

Name of Company that Programme Administrator is employed by:

Address of Company that Programme Administrator is employed by:

Postcode: Country:

Name of Company that Programme Administrator is employed by:

Address of Company that Programme Administrator is employed by:

Postcode: Country:

'Programme Administrator' section is Optional – For European Clients Only

*Please complete this section if a company employee will be accessing the data from the same company but from a different legal entity.

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Section 3 – Client Authorization

3. Client Authorization

I warrant that the information herein is correct and I will notify American Express of any changes. By signing this form I accept the Terms and Conditions provided with it. The person signing this form is legally authorized to do so and can bind the Client Company to this agreement.

Signature

Date

Full First and Middle Name(s):

Last Name:

Name

Job Title:

Authorized Signature

D D M M Y Y

X

Once completed, signed and dated, please return to your American Express Representative. For Concur, please return the completed form to cc-eOperator@concur.com. When sending documents via email, please remember that the internet can be insecure.

'Client Authorization' field needs to be completed by the authorized signatory. Please provide First/ Last Name & Job Title along with Date and Signature.

*Please note that all the pages of GDTF form including terms & conditions should be sent for data file implementation requests.

* Ensure the entire document is in readable format without any errors. In the case of any errors, please complete a new form.

IMPLEMENTATION FORM

Instructions for completing the data file implementation form

Section A – Client Information

A. Client Information (Mandatory field)

Company Name:	
Street Address:	
City:	
State:	
Zip:	
Country:	
Client Contact Name:	
Contact Phone Number:	
Contact Email Address:	

Provide the Corporation name, Address and Contact details.

Section B – *AMERICAN EXPRESS FIELD REPRESENTATIVE*
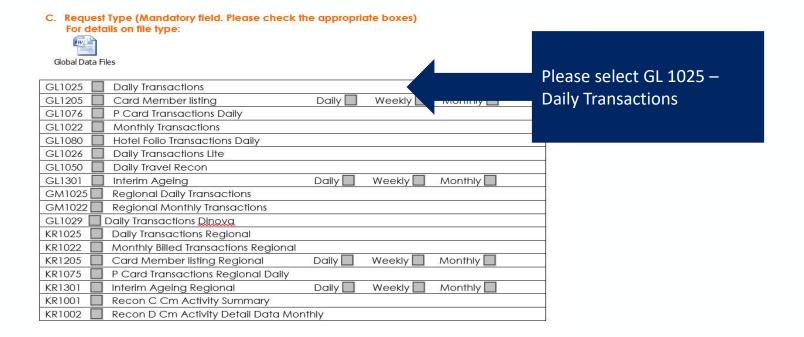
B. American Express Field Representative (Optional)

Name:	
Phone:	
Email:	

Complete this section if you have a designated representative.

Section C – Request Type

C. Request Type (Mandatory field. Please check the appropriate boxes)
For details on file type:

Global Data Files

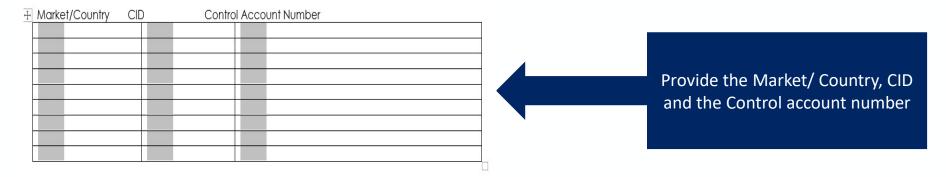|					
GL1025	☐ Daily Transactions				
GL1205	☐ Card Member listing	Daily ☐	Weekly ☐	Monthly ☐	
GL1076	☐ P Card Transactions Daily				
GL1022	☐ Monthly Transactions				
GL1080	☐ Hotel Folio Transactions Daily				
GL1026	☐ Daily Transactions Lite				
GL1050	☐ Daily Travel Recon				
GL1301	☐ Interim Ageing	Daily ☐	Weekly ☐	Monthly ☐	
GM1025	☐ Regional Daily Transactions				
GM1022	☐ Regional Monthly Transactions				
GL1029	☐ Daily Transactions Dinova				
KR1025	☐ Daily Transactions Regional				
KR1022	☐ Monthly Billed Transactions Regional				
KR1205	☐ Card Member listing Regional	Daily ☐	Weekly ☐	Monthly ☐	
KR1075	☐ P Card Transactions Regional Daily				
KR1301	☐ Interim Ageing Regional	Daily ☐	Weekly ☐	Monthly ☐	
KR1001	☐ Recon C Cm Activity Summary				
KR1002	☐ Recon D Cm Activity Detail Data Monthly				

Please select GL 1025 – Daily Transactions

Section D – Account Details

D. Account Details (Mandatory field):
For details on Control number please see the glossary at the end of this document

If Customer does not have the info, call the AMEX Help Desk or reach out to Customer's AMEX field Representative.

Market/Country	CID	Control Account Number

Provide the Market/ Country, CID and the Control account number

*Please note: If you do not have this information reach out to your dedicated American Express account manager/representative OR call the Corporate helpdesk @ 1-888-800-8564 or the number on the back of your card.

Section E – Set up Type

E. Setup Type (Mandatory field):

Pull Type (Client will need to download the file from American Express server) ☐

　　　Existing User name ☐ Yes　　☐ No (If selecting yes please provide the user name mandatory only for pull set up) _____

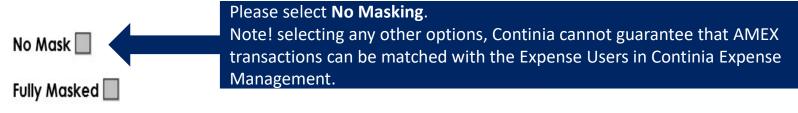Push Type (American Express will deliver the file to Client Server) ☐

Select Push Type

Section F – Masking Options

F. Masking Options for card number and SSN number (Mandatory field):

For detailed information on masking options please see the glossary at the end of this document

Please select **No Masking**.
Note! selecting any other options, Continia cannot guarantee that AMEX transactions can be matched with the Expense Users in Continia Expense Management.

No Mask ☐

Fully Masked ☐

Partially Masked 5 ☐   6 ☐   7 ☐

Section G – Protocol

G. Protocols (Mandatory for Push set up only):

SFTP/SSH ☐   FTPS ☐   AS2 ☐   Please select SFTP / SSH

Section H – PORT NUMBER

H. Port Number (Optional for push set up only):

| 22 | Port number must be 22 |

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Section I – REMOTE ACCESS DETAILS

I. Remote Access Details: (Only Mandatory for Push set up if being changed):

For detailed information on Remote access please see the glossary at the end of this document

Details	Test	Production
Remote User Name		
Remote Password		
URL		
Directory		
Delivery Filename		

Please fill out **Production only**

Remote User Name	**AMEX**
Remote Password	**Existing setup at AMEX**
URL	**sftp.cem.continiaonline.com**
Directory	**/**
Delivery Filename	**ClientName_ClientID_$DATE$$TIME$_$SEQ$.pgp**

Section J – FILE ENCRYPTION

J. **File Encryption (Optional)**:

For detailed information on encryption please see the glossary at the end of this document

YES ☐   NO ☐ ← **Select YES**

If yes, please provide the encryption keys in your email ← **Encryption keys: Existing setup**

Section K – FOR BULK REQUESTS/ PROJECTS

K. For Bulk Requests/Projects (Mandatory field):

Please provide the following information for requests including 50 or more file setups:

Number of files to be implemented:	
Timeline (Date Range) for the project:	
Technical point of contact for the project:	

Complete this section if the request is for 50+ files

THANK YOU